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Bib Data Sheet

CONFIRMATION NO. 5705

<b>SERIAL NUMBER</b> 09/735,989	<b>FILING DATE</b> 12/13/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> ARC2940R1
<b>APPLICANTS</b> Johan H. Geerke, Los Altos, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/172,371 12/16/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 26
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> Paul B. Simboli ALZA Corporation 1900 Charleston Road, Bldg. M10-3 P.O. Box 7210 Mountain View ,CA 94039-7210				
<b>TITLE</b> Dosage forms having a barrier layer to laser ablation				
<b>FILING FEE RECEIVED</b> 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	